

**DEPARTMENT OF GENERAL SERVICES  
RECORDS MANAGEMENT DIVISION  
RECORDS RETENTION AND DISPOSAL SCHEDULE**

**Schedule No. C1145**

Page 1 of 1

**Agency  
Wicomico County**

**Division/Unit  
Department of Corrections  
Finance**

Item No.	Description	Retention
1.	INMATE DAILY DEPOSITS & TRANSACTIONS POSTED	3 YRS then destroy
2.	CHECKS TO THE COUNTY	3 YRS then destroy
3.	FISCAL BUDGET REVENUE & EXPENSES	3 YRS then destroy
4.	COMMISSARY & INMATE WELFARE CHECKS & REPORTS	3 YRS then destroy
5.	TRAVEL EXPENSE REPORTS	3 YRS then destroy
6.	INVOICES FOR STATE HOUSING BILLING, US MARSHALL, DRUG COURT & OTHER JAILS	3 YRS then destroy
7.	RECEIPT BOOKS FROM BOOKING & MAILROOM	3 YRS then destroy
8.	BANK STATEMENTS & CANCELLED CHECK COPIES	3 YRS then destroy
9.	GRANT REPORTS	3 YRS then destroy
10.	ACCOUNTS PAYABLE FILES	3 YRS then destroy
11.	REQUISITIONS & PURCHASE ORDERS	3 YRS then destroy
12.	PURCHASING CARDS RECEIPTS AND RECONCILIATIONS	3 YRS then destroy
13.	PETTY CASH RECONCILIATIONS	3 YRS then destroy
14.	CONTRACTS	3 YRS after contract ends then destroy
15.	GAS WITHDRAWAL RECEIPTS	3 YRS then destroy

Schedule Approved by Department, Agency, or Division Representative.

Date November 10, 2010

Signature 

Typed Name George Kaloroumakis

Title Director

Schedule Authorized by State Archivist

Date 25 Feb 2011

Signature 

<b>Instructions</b> –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		<b>DEPARTMENT OF GENERAL SERVICES</b> <b>RECORDS MANAGEMENT DIVISION</b> 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>1</u> OF <u>15</u>	
1. Department/Agency Wicomico County		2. Division Department of Corrections		3. Unit Finance	
<b>DEFINITION: RECORD SERIES:</b> A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title Inmate Daily Deposits & Transactions Posted			5. Earliest Year/Latest Year <u>2006</u> to <u>2010</u>		
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Inmate deposits and transactions made by inmates on their account					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm  <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape  <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk  <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape  <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical  <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological  <input type="checkbox"/> Geographical  <input type="checkbox"/> Other (specify) _____		9. Volume ___ Daily Deposits _____ Number  <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) <u>2</u> Binder _____  10. Annual Accumulation ___ Daily Deposits _____ Number  <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) <u>2</u> Binder/Boxes _____	
11. File is Used  <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After ___ 3 _____ Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) 411 Naylor Mill Road 2 <sup>nd</sup> Floor in Community Corrections			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. Audit Requirements  <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention  3 years		
19. Name and Title of Preparer Angela Morton-Polk Senior Accountant		20. Telephone Number 410-548-4858		21. Date 9/28/10	

<b>Instructions</b> –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		<b>DEPARTMENT OF GENERAL SERVICES</b> <b>RECORDS MANAGEMENT DIVISION</b> 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>2</u> OF <u>15</u>	
1. Department/Agency Wicomico County		2. Division Department of Corrections		3. Unit Finance	
<b>DEFINITION: RECORD SERIES:</b> A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title Checks to the County			5. Earliest Year/Latest Year 2006 to 2010		
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Checks received by Wicomico County Department of Corrections related to General Fund are sent to the Finance office Downtown					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm  <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape  <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk  <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape  <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical  <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological  <input type="checkbox"/> Geographical  <input type="checkbox"/> Other (specify) _____		9. Volume Checks to the County _____ Number  <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) 1 Binder/File Folders _____	
11. File Is Used  <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually		12. File Becomes Inactive After 3 Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)			
13. Current Location(s) (Bldg., Floor, Room) 411 Naylor Mill Road 2 <sup>nd</sup> Floor in Community Corrections		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. Audit Requirements  <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> Independent			
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		18. Recommended Retention  3 years then destroy			
19. Name and Title of Preparer Angela Morton-Polk Senior Accountant		20. Telephone Number 410-548-4858		21. Date 11/10/10	

<b>Instructions</b> –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		<b>DEPARTMENT OF GENERAL SERVICES</b> <b>RECORDS MANAGEMENT DIVISION</b> 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 <small>410-799-1930</small>		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>  3  </u> OF <u>  15  </u>	
1. Department/Agency Wicomico County		2. Division Department of Corrections		3. Unit Finance	
<b>DEFINITION: RECORD SERIES:</b> A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title Fiscal Budget Revenue & Expenses			5. Earliest Year/Latest Year <u>  2006  </u> to <u>  2010  </u>		
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Budget for Fiscal year and the tracking of revenue and expenses for the fiscal year					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm  <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape  <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk  <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape  <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical  <input type="checkbox"/> Numerical  <input checked="" type="checkbox"/> Chronological  <input type="checkbox"/> Geographical  <input type="checkbox"/> Other (specify) _____		9. Volume <u>  </u> Fiscal Budget Revenue & Expenses _____ Number  <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) <u>  1  </u> Binder/File Folders _____	
11. File is Used  <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually		12. File Becomes Inactive After <u>  3  </u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)			
13. Current Location(s) (Bldg., Floor, Room) 411 Naylor Mill Road 2 <sup>nd</sup> Floor in Community Corrections		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. Audit Requirements  <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> Independent			
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		18. Recommended Retention  3 years then destroy			
19. Name and Title of Preparer Angela Morton-Polk Senior Accountant		20. Telephone Number 410-548-4858		21. Date 11/10/10	

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1. Department/Agency Wicomico County		2. Division Department of Corrections		3. Unit Finance	
<b>DEFINITION: RECORD SERIES:</b> A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title Commissary & Inmate Welfare Checks			5. Earliest Year/Latest Year <u>  2006  </u> to <u>  2010  </u>		
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Copies of Commissary and Inmate Welfare Checks					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm  <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape  <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk  <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape  <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical  <input type="checkbox"/> Numerical  <input checked="" type="checkbox"/> Chronological  <input type="checkbox"/> Geographical  <input type="checkbox"/> Other (specify) _____		9. Volume <u>  </u> Commissary & Inmate Welfare Checks Number  <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) <u>  1  </u> Binder/File Folders _____	
11. File is Used  <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually		12. File Becomes Inactive After <u>  3  </u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)			
13. Current Location(s) (Bldg., Floor, Room) 411 Naylor Mill Road 2 <sup>nd</sup> Floor in Community Corrections		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. Audit Requirements  <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> Independent			
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		18. Recommended Retention  3 years then destroy			
19. Name and Title of Preparer Angela Morton-Polk  Senior Accountant		20. Telephone Number 410-548-4858		21. Date 11/10/10	

<b>Instructions</b> –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		<b>DEPARTMENT OF GENERAL SERVICES</b> <b>RECORDS MANAGEMENT DIVISION</b> 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 <small>410-799-1930</small>		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>5</u> OF <u>15</u>	
1. Department/Agency Wicomico County		2. Division Department of Corrections		3. Unit Finance	
<b>DEFINITION: RECORD SERIES:</b> A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title Travel Expense Reports			5. Earliest Year/Latest Year 2006 to 2010		
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Expense Reports for food, lodging and mileage for trainings or providing security for an inmate in the hospital					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm  <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape  <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk  <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape  <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical  <input type="checkbox"/> Numerical  <input checked="" type="checkbox"/> Chronological  <input type="checkbox"/> Geographical  <input type="checkbox"/> Other (specify) _____		9. Volume Travel Expense Reports _____ Number  <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) 1 Binder _____	
11. File is Used  <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually		12. File Becomes Inactive After 3 Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)			
13. Current Location(s) (Bldg., Floor, Room) 411 Naylor Mill Road 2 <sup>nd</sup> Floor in Community Corrections		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. Audit Requirements  <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> Independent			
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		18. Recommended Retention  3 years then destroy			
19. Name and Title of Preparer Angela Morton-Polk Senior Accountant		20. Telephone Number 410-548-4858		21. Date 11/10/10	

<b>Instructions</b> –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)	<b>DEPARTMENT OF GENERAL SERVICES</b> <b>RECORDS MANAGEMENT DIVISION</b> 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 <small>410-799-1930</small>	<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>  6  </u> OF <u>  15  </u>
1. Department/Agency Wicomico County	2. Division Department of Corrections	3. Unit Finance
<b>DEFINITION: RECORD SERIES:</b> A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.		
4. Record Series Title Invoice for State Housing, US Marshall, Drug Court and Other Jails	5. Earliest Year/Latest Year <u>  2006  </u> to <u>  2010  </u>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Billings sent to State, US Marshall, Drug Court & Other Jails on a monthly basis for housing of their inmates		
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm  <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape  <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk  <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape  <input type="checkbox"/> Other (specify) _____	8. Record Series Sequence  <input type="checkbox"/> Alphabetical  <input type="checkbox"/> Numerical  <input checked="" type="checkbox"/> Chronological  <input type="checkbox"/> Geographical  <input type="checkbox"/> Other (specify) _____	9. Volume <u>  Invoice for State, US Marshall, Drug Court &amp; Other Jails  </u> Number  <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) <u>  1  </u> Binder _____  10. Annual Accumulation <u>  Invoice for State, US Marshall, Drug Court &amp; Other Jails  </u> Number  <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) <u>  1  </u> Binders/Boxes _____
11. File is Used  <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	12. File Becomes Inactive After <u>  3  </u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)	
13. Current Location(s) (Bldg., Floor, Room) 411 Naylor Mill Road 2 <sup>nd</sup> Floor in Community Corrections	14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	16. Audit Requirements  <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent	
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	18. Recommended Retention  3 years then destroy	
19. Name and Title of Preparer Angela Morton-Polk Senior Accountant	20. Telephone Number 410-548-4858	21. Date 11/10/10

<b>Instructions</b> –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)	<b>DEPARTMENT OF GENERAL SERVICES</b> <b>RECORDS MANAGEMENT DIVISION</b> 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 <small>410-799-1930</small>	<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>7</u> OF <u>15</u>
1. Department/Agency Wicomico County	2. Division Department of Corrections	3. Unit Finance
<b>DEFINITION: RECORD SERIES:</b> A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.		
4. Record Series Title Receipt books from Booking & Mailroom	5. Earliest Year/Latest Year <u>2006</u> to <u>2010</u>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Receipts from Booking and Mailroom that are given to the inmates for their monies		
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm  <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape  <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk  <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape  <input type="checkbox"/> Other (specify) _____	8. Record Series Sequence  <input type="checkbox"/> Alphabetical  <input type="checkbox"/> Numerical  <input checked="" type="checkbox"/> Chronological  <input type="checkbox"/> Geographical  <input type="checkbox"/> Other (specify) _____	9. Volume __Receipts Books from Booking and Mailroom____ Number  <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) <u>1</u> Boxes____  10. Annual Accumulation __ Receipts Books from Booking and Mailroom____ Number  <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) <u>1</u> Boxes____
11. File is Used  <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	12. File Becomes Inactive After <u>3</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)	
13. Current Location(s) (Bldg., Floor, Room) 411 Naylor Mill Road 2 <sup>nd</sup> Floor in Community Corrections	14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	16. Audit Requirements  <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> Independent	
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	18. Recommended Retention  3 years then destroy	
19. Name and Title of Preparer Angela Morton-Polk Senior Accountant	20. Telephone Number 410-548-4858	21. Date 11/10/10



<b>Instructions</b> –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)	<b>DEPARTMENT OF GENERAL SERVICES</b> <b>RECORDS MANAGEMENT DIVISION</b> 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-799-1930	<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>8</u> OF <u>15</u>
1. Department/Agency Wicomico County	2. Division Department of Corrections	3. Unit Finance
<b>DEFINITION: RECORD SERIES:</b> A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.		
4. Record Series Title Bank Statements & Cancelled Check Copies of the Inmate Accounts	5. Earliest Year/Latest Year <u>2006</u> to <u>2010</u>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Bank Statements & Cancelled Check Copies of the Inmate Accounts		
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm  <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape  <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk  <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape  <input type="checkbox"/> Other (specify) _____	8. Record Series Sequence  <input type="checkbox"/> Alphabetical  <input type="checkbox"/> Numerical  <input checked="" type="checkbox"/> Chronological  <input type="checkbox"/> Geographical  <input type="checkbox"/> Other (specify) _____	9. Volume <u>Bank Statements &amp; Cancelled Checks</u> _____ Number  <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) <u>1</u> Binders _____  10. Annual Accumulation <u>Bank Statements &amp; Cancelled Checks</u> _____ Number  <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) <u>1</u> Binders/Boxes _____
11. File is Used  <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	12. File Becomes Inactive After <u>3</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)	
13. Current Location(s) (Bldg., Floor, Room) 411 Naylor Mill Road 2 <sup>nd</sup> Floor in Community Corrections	14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	16. Audit Requirements  <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> Independent	
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	18. Recommended Retention  3 years then destroy	
19. Name and Title of Preparer Angela Morton-Polk  Senior Accountant	20. Telephone Number 410-548-4858	21. Date 11/10/10

<b>Instructions</b> –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)	<b>DEPARTMENT OF GENERAL SERVICES</b> <b>RECORDS MANAGEMENT DIVISION</b> 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 <small>410-799-1930</small>	<b>AGENCY RECORDS INVENTORY</b>  PAGE _9 OF _15_
<b>1. Department/Agency</b> Wicomico County	<b>2. Division</b> Department of Corrections	<b>3. Unit</b> Finance
<b>DEFINITION: RECORD SERIES:</b> A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.		
<b>4. Record Series Title</b> Grant Reports	<b>5. Earliest Year/Latest Year</b> _2006_ to _2010_	
<b>6. Record Series Description</b> (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Grants received from the Federal & State Government		
<b>7. Record Series Format(s)</b> List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm  <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape  <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk  <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape  <input type="checkbox"/> Other (specify) _____	<b>8. Record Series Sequence</b>  <input type="checkbox"/> Alphabetical  <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological  <input type="checkbox"/> Geographical  <input type="checkbox"/> Other (specify) _____	<b>9. Volume</b> _Grant Reports_ _____ Number  <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) _1_ Binders _____  <b>10. Annual Accumulation</b> _Grant Reports_ _____ Number  <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) _1_ Binders/Boxes _____
<b>11. File is Used</b>  <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<b>12. File Becomes Inactive After</b> _3_ _____ Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)	
<b>13. Current Location(s)</b> (Bldg., Floor, Room) 411 Naylor Mill Road 2 <sup>nd</sup> Floor in Community Corrections	<b>14. Is Record Series Duplicated Elsewhere?</b> (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>15. Access Restrictions</b> (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>16. Audit Requirements</b>  <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> Independent	
<b>17. Is an Index System used?</b> If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>18. Recommended Retention</b>  3 years then destroy	
<b>19. Name and Title of Preparer</b> Angela Morton-Polk  Senior Accountant	<b>20. Telephone Number</b> 410-548-4858	<b>21. Date</b> 11/10/10

<b>Instructions</b> –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)	<b>DEPARTMENT OF GENERAL SERVICES</b> <b>RECORDS MANAGEMENT DIVISION</b> 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 <small>410-799-1930</small>	<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>10</u> OF <u>15</u>
1. Department/Agency Wicomico County	2. Division Department of Corrections	3. Unit Finance
<b>DEFINITION: RECORD SERIES:</b> A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.		
4. Record Series Title Accounts Payable Files	5. Earliest Year/Latest Year <u>2006</u> to <u>2010</u>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Copies of all invoices paid by Wicomico County Department of Corrections		
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm  <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape  <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk  <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape  <input type="checkbox"/> Other (specify) _____	8. Record Series Sequence  <input type="checkbox"/> Alphabetical  <input type="checkbox"/> Numerical  <input checked="" type="checkbox"/> Chronological  <input type="checkbox"/> Geographical  <input type="checkbox"/> Other (specify) _____	9. Volume Accounts Payable Invoices _____ Number  <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) <u>5</u> File Folders/ Boxes _____  10. Annual Accumulation Accounts Payable Invoices _____ Number  <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) <u>5</u> File Folders/Boxes _____
11. File is Used  <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	12. File Becomes Inactive After <u>3</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)	
13. Current Location(s) (Bldg., Floor, Room) 411 Naylor Mill Road 2 <sup>nd</sup> Floor in Community Corrections	14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	16. Audit Requirements  <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> Independent	
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	18. Recommended Retention  3 years then destroy	
19. Name and Title of Preparer Angela Morton-Polk  Senior Accountant	20. Telephone Number 410-548-4858	21. Date 11/10/10

<b>Instructions</b> –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		<b>DEPARTMENT OF GENERAL SERVICES</b> <b>RECORDS MANAGEMENT DIVISION</b> 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 <small>410-799-1930</small>		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>11</u> OF <u>15</u>	
1. Department/Agency Wicomico County		2. Division Department of Corrections		3. Unit Finance	
<b>DEFINITION: RECORD SERIES:</b> A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title Requisitions & Purchase Orders			5. Earliest Year/Latest Year 2006 to 2010		
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Copies of all requisitions and purchase orders for purchases made at the Wicomico County Department of Corrections					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm  <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape  <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk  <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape  <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical  <input type="checkbox"/> Numerical  <input checked="" type="checkbox"/> Chronological  <input type="checkbox"/> Geographical  <input type="checkbox"/> Other (specify) _____		9. Volume Requisitions & Purchase Orders _____ Number  <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) <u>2</u> Binder _____	
11. File is Used  <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually		12. File Becomes Inactive After <u>3</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)			
13. Current Location(s) (Bldg., Floor, Room) 411 Naylor Mill Road 2 <sup>nd</sup> Floor in Community Corrections		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. Audit Requirements  <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> Independent			
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		18. Recommended Retention  3 years then destroy			
19. Name and Title of Preparer Angela Morton-Polk Senior Accountant		20. Telephone Number 410-548-4858		21. Date 11/10/10	

<b>Instructions</b> –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 410-789-1930		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>12</u> OF <u>15</u>	
1. Department/Agency Wicomico County		2. Division Department of Corrections		3. Unit Finance	
<b>DEFINITION: RECORD SERIES:</b> A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title Purchasing Card Receipts and Reconciliations			5. Earliest Year/Latest Year <u>2006</u> to <u>2010</u>		
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Copies of all purchases made with the Wicomico County Purchasing Card					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm  <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape  <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk  <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape  <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical  <input type="checkbox"/> Numerical  <input checked="" type="checkbox"/> Chronological  <input type="checkbox"/> Geographical  <input type="checkbox"/> Other (specify) _____		9. Volume ___Purchasing Cards _____ Number  <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) <u>4</u> Binder _____	
11. File is Used  <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually		12. File Becomes Inactive After <u>3</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)			
13. Current Location(s) (Bldg., Floor, Room) 411 Naylor Mill Road 2 <sup>nd</sup> Floor in Community Corrections		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. Audit Requirements  <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> Independent			
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		18. Recommended Retention  3 years then destroy			
19. Name and Title of Preparer Angela Morton-Polk Senior Accountant		20. Telephone Number 410-548-4858		21. Date 11/10/10	

<b>Instructions</b> –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)	<b>DEPARTMENT OF GENERAL SERVICES</b> <b>RECORDS MANAGEMENT DIVISION</b> 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 <small>410-799-1930</small>	<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>13</u> OF <u>15</u>
1. Department/Agency Wicomico County	2. Division Department of Corrections	3. Unit Finance
<b>DEFINITION: RECORD SERIES:</b> A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.		
4. Record Series Title Petty Cash Reconciliations	5. Earliest Year/Latest Year <u>2006</u> to <u>2010</u>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Copies of petty cash receipts to replenish petty cash		
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm  <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape  <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk  <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape  <input type="checkbox"/> Other (specify) _____	8. Record Series Sequence  <input type="checkbox"/> Alphabetical  <input type="checkbox"/> Numerical  <input checked="" type="checkbox"/> Chronological  <input type="checkbox"/> Geographical  <input type="checkbox"/> Other (specify) _____	9. Volume <u>Petty Cash</u> Number  <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) <u>1</u> Binder _____  10. Annual Accumulation <u>Petty Cash</u> Number  <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) <u>1</u> Binder and Box _____
11. File is Used  <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	12. File Becomes Inactive After <u>3</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)	
13. Current Location(s) (Bldg., Floor, Room) 411 Naylor Mill Road 2 <sup>nd</sup> Floor in Community Corrections	14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	16. Audit Requirements  <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> Independent	
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	18. Recommended Retention  3 years then destroy	
19. Name and Title of Preparer Angela Morton-Polk  Senior Accountant	20. Telephone Number 410-548-4858	21. Date 11/10/10

<b>Instructions</b> –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		<b>DEPARTMENT OF GENERAL SERVICES</b> <b>RECORDS MANAGEMENT DIVISION</b> 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 <small>410-799-1930</small>		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>14</u> OF <u>15</u>	
1. Department/Agency Wicomico County		2. Division Department of Corrections		3. Unit Finance	
<b>DEFINITION: RECORD SERIES:</b> A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title Contracts			5. Earliest Year/Latest Year <u>2006</u> to <u>2010</u>		
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Copies of contracts made with vendors servicing Wicomico County Department of Corrections					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm  <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape  <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk  <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape  <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical  <input type="checkbox"/> Numerical  <input checked="" type="checkbox"/> Chronological  <input type="checkbox"/> Geographical  <input type="checkbox"/> Other (specify) _____		9. Volume <u>Contracts</u> Number  <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) <u>1</u> Binder _____	
11. File is Used  <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually		12. File Becomes Inactive After <u>3</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)			
13. Current Location(s) (Bldg., Floor, Room) 411 Naylor Mill Road 2 <sup>nd</sup> Floor in Community Corrections		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. Audit Requirements  <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> Independent			
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		18. Recommended Retention  3 years after contract ends then destroy			
19. Name and Title of Preparer Angela Morton-Polk Senior Accountant		20. Telephone Number 410-548-4858		21. Date 11/10/10	

<b>Instructions</b> –Type or Print a separate form for each new or revised record series. Forward with Records Retention Schedule (DGS 550-1)		<b>DEPARTMENT OF GENERAL SERVICES</b> <b>RECORDS MANAGEMENT DIVISION</b> 7275 Waterloo Road, P.O. Box 275 Jessup, Maryland 20794 <small>410-799-1930</small>		<b>AGENCY RECORDS INVENTORY</b>  PAGE <u>15</u> OF <u>15</u>	
1. Department/Agency Wicomico County		2. Division Department of Corrections		3. Unit Finance	
<b>DEFINITION: RECORD SERIES:</b> A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title Gas Withdrawal Receipts			5. Earliest Year/Latest Year 2006 to 2010		
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Original receipts for fuel used in Wicomico County Department of Corrections vehicles					
7. Record Series Format(s) List all  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm  <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape  <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk  <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape  <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical  <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological  <input type="checkbox"/> Geographical  <input type="checkbox"/> Other (specify) _____		9. Volume Gas Receipts _____ Number  <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) 1 Box _____	
11. File is Used  <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually		12. File Becomes Inactive After 3 Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)			
13. Current Location(s) (Bldg., Floor, Room) 411 Naylor Mill Road 2 <sup>nd</sup> Floor in Community Corrections		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Access Restrictions (If Yes, cite Law(s) & Regulation(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. Audit Requirements  <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> Independent			
17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		18. Recommended Retention  3 years			
19. Name and Title of Preparer Angela Morton-Polk  Senior Accountant		20. Telephone Number 410-548-4858		21. Date 9/28/10	